

REQUIREMENTS FOR LICENSE - OPTOMETRIST

Access this form via website at: www.state.hi.us/dcca/pvl

APPLICATION FORM

Type or print **LEGIBLY** in dark ink and sign the application.

Failure to provide all the requested information will delay the processing of your application.

EDUCATION

Be a graduate of an approved college of optometry. **ATTACH** A COPY OF YOUR DIPLOMA.

EXAMINATION

Pass the National Board of Examiners in Optometry (NBEO) Parts I and II after 1987 and pass the NBEO Part III after 1991. The Board of Optometry no longer administers a practical exam. Call the NBEO 1-800-969-EXAM, (301) 652-5192 for information on this exam or visit their website at: www.optometry.org/.

Each applicant must arrange with NBEO to have exam results sent **directly** to the Hawaii Board. The NBEO Score Report is required to verify successful completion of all 3 parts of the NBEO exam.

Although passing the Treatment and Management of Ocular Disease (TMOD) is not a requirement at this time, it is required for those licensees who wish to become therapeutically certified optometrists ("TPA"). You may obtain an application for TPA certification from the Board's office or via website at: www.state.hi.us/dcca/pvl.

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT TIME OF FILING.

RECIPROCITY

An optometrist who is registered and licensed under the laws of another state or jurisdiction whose requirements for licensure are, in the opinion of the Board, equivalent to those of this State, as specified in Chapter 459, Hawaii Revised Statutes, and Chapter 16-92, Hawaii Administrative Rules, shall be licensed to practice optometry in Hawaii, subject to all of the following:

- (1) The originating state accords like privileges to the licensees of this State. Send the attached license verification form OD-02.
- (2) The educational requirements of the originating state are equivalent to or greater than those of this State (submit copy of state requirements);
- (3) The applicant has submitted an application for licensure, a certified copy of school of optometry diploma, NBEO scores, and appropriate fees;
- (4) The applicant has been engaged in the practice of optometry or in federal service continuously for not less than four of the five years immediately preceding the date of application. Send the attached license verification form OD-02.
- (5) The applicant has not committed acts which constitute professional misconduct, gross negligence or carelessness, or manifest incapacity in the practice of optometry as specified in subchapter 10, HAR, and
- (6) All states or jurisdictions in which the applicant is licensed have provided certified statements that the license of the applicant has not been and is not currently in the process of being investigated, suspended, or revoked by that state for any cause which constitutes grounds for revocation, suspension, or refusal to issue a license as specified in Chapter 459, HRS. Send the attached license verification form OD-02.

FEES

Attach appropriate fee. Make check payable to: COMMERCE & CONSUMER AFFAIRS.

If license is issued in an EVEN-NUMBERED year, pay \$160
(Application fee-\$15* + License fee-\$25 + Compliance
Resolution Fund-\$70 + 1/2 Renewal-\$50)

If license is issued in an ODD-NUMBERED year, pay \$75
(Application fee-\$15* + License fee-\$25 + Compliance
Resolution Fund-\$35)

**Application fee is not refundable.*

FEES
(Cont'd)

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**BIENNIAL RENEWAL
AND CONTINUING
EDUCATION**

Licensees shall renew licenses on or before December 31 of each odd-numbered year. There is no grace period for renewals. Practicing optometry without a current license shall constitute unlicensed activity.

Licensees who are not therapeutically certified shall obtain 32 hours of approved continuing education during the biennium.

A person who is initially licensed in the first year of the biennium shall be required to submit certification of having earned 16 hours of continuing education for the biennium and a person who obtains licensure in the second year of the biennium need not obtain any continuing education hours for the first renewal of the license.

Licensees who are therapeutically certified shall obtain 36 hours of approved continuing education in the diagnosis, treatment, and management of ocular and systemic diseases, regardless of initial date of licensure. The one hundred hour course in the treatment and management of ocular disease shall satisfy the 36 hour continuing education requirement provided that the course was taken within the two years prior to the date the application for license renewal was received by the board, and credits for the course were not used for a previous license renewal.

**LAWS & RULES
PUBLICATION**

To obtain a copy of the board's laws and rules, (Chapter 459, Hawaii Revised Statutes and Chapter 92, Hawaii Administrative Rules) send \$1.25 to: *Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809*. Make check payable to: **COMMERCE & CONSUMER AFFAIRS**. (Price subject to change without notice.) You are responsible for knowing and understanding the statutes and rules and any amendments made to them throughout your career. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢.

- The LAWS and RULES are posted on our website at: www.state.hi.us/dcca. Look under "Obtaining Information".

BOARD'S ADDRESS

Mail all required items to:

*Board of Examiners in Optometry
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

Deliver to office location at:
*1010 Richards St., 1st Flr.
Honolulu, HI 96813
Phone: (808) 586-3000*

LICENSEE ADDRESS

Pursuant to Section 16-92-B, HAR, you are required to file your business address with the Board and notify the Board in writing of any and all changes within 30 days of the change.

**ABANDONMENT OF
APPLICATION**

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR EXAM & LICENSE - OPTOMETRIST

Read attached requirements & instructions before completing this form.

Legal Name (First-Middle):		Last:	
Residence Address (Include apt. no., city, state & zip code) - REQUIRED			
Business Address (Include suite no., city, state & zip code):			
Mailing Address: (ONLY if different from residence address)			
Other Names Used (including maiden name):			
Social Security No:		Phone No. Res: Bus:	
Date Licensed:		License No. OD -	

- Circle or underline answers; give details if required:
- 1. Are you at least 18 years of age? YES NO
 - 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
 - 3. Are you a graduate of an American optometric school recognized and approved by the American Optometric Association? YES NO
 - 4. Did you pass the NBEO Parts I and II after 1987 and Part III after 1991? YES NO
 - 5. At the time you took the NBEO exam, did you arrange to have the examination results sent to the Hawaii Board? YES NO
Provide date you requested results _____
 - 6. Are you licensed to practice optometry in any other state in the United States? YES NO
If "yes", has your license ever been revoked, suspended or otherwise subject to disciplinary action? YES NO
 - 7. Do you wish to be licensed through reciprocity? YES NO
 - 8. In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
If response "yes", explain on separate sheet.

Affidavit of applicant:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes.) I further certify that I have read and will abide by the provisions of Chapter 459, Hawaii Revised Statutes, and Chapter 92, Hawaii Administrative Rules.

DATE _____ SIGNATURE OF APPLICANT _____

VERIFICATION OF LICENSE – OPTOMETRIST

State of Hawaii
Board of Optometry
P.O. Box 3469
Honolulu, HI 96801

A P P L I C A N T	Name (First, Middle)	(Last)	Social Security No.
	Mailing Address (Include Apt. No., city, state and zip code)		Have you practiced optometry not less than four out of five years immediately preceding the date of application for Hawaii license? YES NO Were you in federal service during that time? YES NO
	I hereby authorize the licensing agency of the State of _____ To release the information below to the Hawaii Board of Examiners in Optometry. Date _____ SIGN HERE: _____		

L I C E N S I N G A G E N C Y	The person above has submitted an application for licensure by reciprocity to practice as an optometrist in the State of Hawaii. Please answer the questions listed below and return this form as soon as possible.	
	1. Does your state accord licensure by reciprocity to licensees of Hawaii? YES NO 2. Date person above licensed _____ License number _____ 3. Is license current? YES NO 4. Has license ever been revoked, suspended or otherwise subject to disciplinary action? YES NO (Explain a "yes" response below.) 5. Is licensee currently being investigated or is there any disciplinary action pending? YES NO (Explain a "yes" response below.) <u>EXPLANATION:</u> <div style="height: 100px;"></div>	
	Name and Address of Licensing Agency	Signature: _____ <div style="display: flex; justify-content: space-between;"> Title _____ Date _____ </div>

TO THE BOARD: Return this form directly to the Hawaii Board of Optometry.

BOARD SEAL

**LICENSING BRANCH
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

To receive confirmation of your license, fill in your name and mailing address in the block below and attach to your application.
This confirmation will take about 3 weeks to process. The license card will take about 6 weeks to process.

NOTICE OF LICENSURE

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

This is authorization to act as an **OPTOMETRIST** until such time that your license is processed.
THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD OR PROGRAM.

Fill Name & Mailing Address in Block Below:

License No. OD -

Effective Date _____

Expiration Date 12/31/

Executive Officer